

Dr. HAW.

1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STANDARD CERTIFICATE OF DEATH

FILED JUN 11 1957

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 174

1. PLACE OF DEATH  
a. COUNTY St. Francois  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre Inside Limits Yes ☒ No ☐  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp Length of stay in lb 1 da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Francois  
c. CITY OR TOWN Rt 1 Elvins Inside Limits Yes ☒ No ☐  
d. STREET ADDRESS (If outside, give location) 9 Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JEWELL Middle J. Last SHAW

4. DATE OF DEATH Month MAY Day 30 Year 1957

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH Aug 3, 1909 9. AGE (In years last birthday) 47 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINING 11. BIRTHPLACE (City and state or country) Bunker, Mo. 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME LOGAN SHAW 14. MOTHER'S MAIDEN NAME NANCY LUNSFORD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 377-07-3163 17. INFORMANT Mrs Jewell Shaw Rt 1 Farmington Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Squamous cell carcinoma  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) at tracheo-bronchial junction 5 1/2 mos.  
DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 163X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  
20c. TIME OF INJURY Hour \_\_\_\_\_ a. m. \_\_\_\_\_ p. m. Month, Day, Year \_\_\_\_\_  
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from 2-9-57 to 5-29-57 and last saw him alive on 5-29-57  
Death occurred at 12 45 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Maurin J. Haw, J. M.D. 22b. ADDRESS Bonne Terre, Mo. 22c. DATE SIGNED 6/1/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE June 2, 1957 23c. NAME OF CEMETERY OR CREMATORY St. Francois MEM. PARK 23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.

24. FUNERAL DIRECTOR ADDRESS Raymond Caldwell and Sons Flat River, Mo. 25. DATE RECD. BY LOCAL REG. June 1, 1957 26. REGISTRAR'S SIGNATURE Ether Rudloff

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 1957

MAR 3 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. Caldwell

Licensed Embalmer No. 257

P. O. Address Flat Rm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.